

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State NEVADA

SECTION 5 PERSONNEL ADMINISTRATION

Citation
42 CFR 432.10(a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

☐ The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

TN # 7-15
Super sedes
TN { _____

Approval Date 9/15/78 Effective Date 7/1/77

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

State: NEVADA

Citation	Condition or Requirement
1905(p) of the Act	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and-- a. Is a citizen;
Sec. 245A of the Immigration and	b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the Nationality Act United States under color of law, as defined in 42 CFR 435.408;
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act	c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

TN No. 91-22
Supersedes
TN No. 87-10

Approval Date JAN 13 1992 Effective Date 10/01/91

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

State: NEVADA

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
N/A	<input checked="" type="checkbox"/> State has interstate residency agreement with the following States:
N/A	<input checked="" type="checkbox"/> State has open agreement(s).
N/A	<input checked="" type="checkbox"/> Not applicable; no residency requirement.

TN No. 91-22
Supersedes
TN No. 87-10

Approval Date JAN 13 1992

Effective Date 10/01/91

HCFA ID: 7985E

State: NEVADA

Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <u>XV</u> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 435.604 1912 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. N/A <input type="checkbox"/> Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

at
icy

TN No. 91-22
Supersedes 87-10
TN No. N/A

Can
1-13-92

Approval Date JAN 13 1992

Effective Date 10/01/91

HCFA ID: 7985E

State/Territory: NEVADA

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.



Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. 92-9
Supersedes

Approval Date APR 16 1992

Effective Date 7/1/92

TN No. N/A

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: NEVADA

ATTACHMENT 2.6-A
Page 3b
OMB No.: 0938-

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91-22
Supersedes N/A
TN No.

Approval Date JAN 13 1992

Effective Date 10/01/91

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 3c
OMB No.: 0938-

State/Territory: NEVADA

Citation	Condition or Requirement
1906 of the Act 10.	Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-9
Supersedes

Approval Date APR 16 1992

Effective Date 7/1/92

TN No. N/A

HCFA ID: 7985E

State: NEVADA

Citation	Condition or Requirement
435.725 435.733 435.832	<p>B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u></p> <p>The following amounts are deducted from gross income - when computing the application of an individual's or couple's income to the cost of institutional care:</p> <p>1. Personal Needs Allowance.</p> <p>a. Aged, blind, disabled-- Individuals \$ <u>35.00</u> Couples \$ <u>N/A</u></p> <p>For the following individuals with greater need--</p> <p>N/A</p> <p>b. AFDC related-- Children \$ <u>N/A</u> Adults \$ <u>N/A</u></p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A. \$35.00</u></p>
435.725 435.733 435.832	<p>2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of--</p> <p>SSI level \$ <u>512.00</u> SSP level \$ _____ Medically needy level \$ _____ Other as follows \$ <u>384.00 for a spouse of a Home Based Waiver client</u></p>

State: NEVADA

Citation	Condition or Requirement
	3. For children, each family member.
	TANF level \$546 for a spouse or one child; \$141 for each additional child.
	Medically needy level \$ _____
	Other as follows \$ _____
	4. Amounts for incurred medical expenses not subject to payment by a third party.
	a. Health insurance premiums, deductibles and co-insurance charges
	b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in <u>Supplement 3 to ATTACHMENT 2.6-A.</u>)
	5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.
	___ Yes. Amount for maintenance of home \$ _____
	<u>X</u> No.
1902(1) of the Act	6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.
1924 of the Act	7. For Section 1924 Policies, see page 5a.

TN No. 99-18
Supersedes
TN No. 99-04

FEB 17 2000

Approval Date _____ Effective Date 10/01/99